



State of New Jersey
DEPARTMENT OF MILITARY AND VETERANS AFFAIRS
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☆☆
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VETERANS AFFAIRS BULLETIN
NO. 1-07

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NEW JERSEY VETERANS MEMORIAL HOMES
TAPERING OF MEDICATION/GRADUAL DOSE REDUCTION (GDR)

1. References:

- a. CMS Manual System, Pub 100-07 State Operations Provider Certification, Transmittal 22 Revisions to Appendix P, dated 15 December 2006.
- b. State Veteran Home, Nursing Home Program, Interim Revised Interpretive Guideline, VAMC 16, 13 November 2003, Regulation 51.20(m)(2)(ii).

2. The current guidance and direction from the U.S. Department of Health and Human Services (DHHS) and the Centers for Medicare and Medicaid Services (CMS) is for long-term care facilities to seek the appropriate dose and duration for each medication given to residents, and thereby minimize the risk of adverse consequences. This is reinforced by the inspection guidance of the U.S. Department of Veterans Affairs (VA) indicated in the reference above and translates into reduction or discontinuance of medication if justified by a regime review, which should be assessed as part of the monthly medical review of residents.

3. The regulations are even more directive in the area of antipsychotic and psychopharmacological medications. Within one year of admittance or the initiation of these medications, the homes are directed to attempt Gradual Dose Reduction (GDR) in two separate quarters (with at least one month between the attempts) unless clinically contraindicated. After the first year, a GDR must be attempted annually, unless clinically contraindicated and documented by the physician.

4. The medication rates for the NJ Veterans Memorial Homes (VMHs) have shown no substantive reductions in prescriptions (number/dose levels) over the past year. Therefore, the VMHs are directed to actively pursue tapering of medication/GDR in accordance with the references cited above, or instruct physicians to provide detailed documentation giving the clinical rationale for why any additional attempted dose reduction would be likely to impair the resident's function, increase distressed behavior, or cause psychiatric instability by exacerbating an underlying medical or psychiatric disorder.

5. It is in the best interest of both our residents and our VMHs to ensure that drug regimes are as free as possible from unnecessary or excessive drug dosing. Refer to the References in Paragraph 1 for more detailed guidance.

6. Questions or inquiries concerning this bulletin should be addressed to BG Frank R. Carlini, Director, Division of Veterans Healthcare Services at 609-530-6766 or e-mail Frank.Carlini@njdmava.state.nj.us.

OFFICIAL:

GLENN K. RIETH
Major General, NJARNG
The Adjutant General

A handwritten signature in black ink, appearing to read "David S. Sneider", with a long horizontal flourish extending to the right.

DAVID S. SNEDEKER
Chief Information Officer
Director, Information and
Administrative Services Division

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